

Docket No.: 1718-0223PUS1
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Ian GILBERT et al.

Application No.: 10/585,283

Confirmation No.: 2608

Filed: October 2, 2006

Art Unit: 1624

For: DUTPASE INHIBITORS

Examiner: D. R. Rao

REQUEST FOR CORRECTED FILING RECEIPT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

July 7, 2010

Sir:

Applicant hereby requests that a corrected Filing Receipt be issued in the above-identified patent application. The official Filing Receipt received by Applicant, a copy of which is attached hereto, has incorrect Foreign Application information listed.

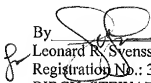
JAPAN 0400290.3 01/08/2004 UNITED KINGDOM 0400290.3 01/08/2004

It is respectfully requested that the U.S. Patent and Trademark Office forward/issue a new Filing Receipt with the correction indicated above. Support for the correction is readily apparent on the enclosed photocopy of the Declaration and Power of Attorney document.

Should there be any outstanding matters that need to be resolved in the present application, the Examiner is respectfully requested to contact Susan W. Gorman, Reg. No. 47,604 at the telephone number of the undersigned below, to conduct an interview in an effort to expedite prosecution in connection with the present application.

Dated: July 7, 2010

Respectfully submitted,

By  # 47,604
Leonard R. Svensson
Registration No.: 30,330
BIRCH, STEWART, KOLASCH & BIRCH, LLP
12770 High Bluff Drive
Suite 260
San Diego, California 92130
(858) 792-8855
Attorney for Applicant

Attachment: Declaration and Power of Attorney Document

BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050PLEASE NOTE:
YOU MUST
COMPLETE THE
FOLLOWINGCOMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title: DUTPASE INHIBITORS

the specification of which is attached hereto, If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:

Fill in Appropriate Information - The specification was filed on July 3, 2006 as United States Application Number _____; and amended on _____ (if applicable) and/or

For Use Without Specification Attached: the specification was filed on January 6, 2006 as PCT International Application Number PCT/CB2005/060002; and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows:

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Insert Priority Information (if appropriate)	0400290.3	United Kingdom	January 8, 2004	Priority Claimed	
(Number)	(Country)	(Month/Day/Year Filed)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(Number)	(Country)	(Month/Day/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(Number)	(Country)	(Month/Day/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(Number)	(Country)	(Month/Day/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

Insert Provisional Application(s): (if any)	(Application Number)	(Filing Date)
(Application Number)	(Filing Date)	

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

Insert Requested Information (if appropriate)	Country	Application Number	Date of Filing (Month/Day/Year)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Insert Prior U.S. Application(s): (if any)	(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
(Application Number) <td>(Filing Date) <td>(Status - patented, pending, abandoned)</td> <td></td> </td>	(Filing Date) <td>(Status - patented, pending, abandoned)</td> <td></td>	(Status - patented, pending, abandoned)	

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary.

Send Correspondence to:

CUSTOMER NO. 02292; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

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THE
FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First
or Sole Inventor
Insert Name of
Inventor
Insert Date This
Declaration is Signed

Insert Residence
Insert Citizenship
Insert Post Office
Address

Full Name of Second
Inventor, if any
Insert Date

Full Name of Third
Inventor, if any
Insert Date

Full Name of Fourth
Inventor, if any
Insert Date

Full Name of Fifth
Inventor, if any
Insert Date

Full Name of Sixth
Inventor, if any
Insert Date

GIVEN NAME/FAMILY NAME Ian GILBERT	INVENTOR'S SIGNATURE <i>Ian Gilbert</i>	DATE* 11 Aug 2006
Residence (City, State & Country) DUNDEE, SCOTLAND, UK		CITIZENSHIP UK
MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK		
GIVEN NAME/FAMILY NAME Corinne NGUYEN	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP FR
MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK		
GIVEN NAME/FAMILY NAME Gian Filippo RUDA	INVENTOR'S SIGNATURE <i>Gian Filippo Ruda</i>	DATE* 18 AUG 2006
Residence (City, State & Country) DUNDEE, SCOTLAND, UK		CITIZENSHIP IT
MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK		
GIVEN NAME/FAMILY NAME Alessandro SCHIPANI	INVENTOR'S SIGNATURE <i>Alessandro Schipani</i>	DATE* 18 AUG 2006
Residence (City, State & Country) DUNDEE, SCOTLAND, UK		CITIZENSHIP IT
MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK		
GIVEN NAME/FAMILY NAME Ganason KASINATHAN	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP MY
MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK		
GIVEN NAME/FAMILY NAME Nils-Gunnar JOHANSSON	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP SE
MAILING ADDRESS (Complete Street Address including City, State & Country) Medivtr AB; Lunastigen 7; S-141 44; Huddinge; SWEDEN		

*DATE OF SIGNATURE

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

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 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

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Full Name of First
 or Sole Inventor
 Insert Name of
 Inventor
 Insert Date This
 Document is Signed

Insert Residence
 Insert Citizenship

Insert Post Office
 Address

Full Name of Second
 Inventor, if any
 see above

Full Name of Third
 Inventor, if any
 see above

Full Name of Fourth
 Inventor, if any
 see above

Full Name of Fifth
 Inventor, if any
 see above

Full Name of Sixth
 Inventor, if any
 see above

GIVEN NAME/FAMILY NAME Ian GILBERT	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP UK
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GIVEN NAME/FAMILY NAME Corinne NGUYEN	INVENTOR'S SIGNATURE	DATE*
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GIVEN NAME/FAMILY NAME Gian Filippo RUDA	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP IT
MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK		
GIVEN NAME/FAMILY NAME Alessandro SCHIPANI	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP IT
MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK		
GIVEN NAME/FAMILY NAME Ganasean KASINATHAN	INVENTOR'S SIGNATURE <i>Ganasean</i>	DATE* 6/9/06.
Residence (City, State & Country) CARDIFF, UK.		CITIZENSHIP MY
MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK		
GIVEN NAME/FAMILY NAME Nils-Gunnar JOHANSSON	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP SE
MAILING ADDRESS (Complete Street Address including City, State & Country) Medivir AB; Lunastigen 7; S-141 44; Huddinge; SWEDEN		

*DATE OF SIGNATURE

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Full Name of First
or Sole Inventor
Insert Name of
Inventor

Insert Date This
Document is Signed

Insert Residence

Insert Citizenship

Insert Post Office
Address

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Ian GILBERT	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP UK	
MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; CF10 3XF; UNITED KINGDOM		
GIVEN NAME/FAMILY NAME Corinne NGUYEN	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP FR	
MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; CF10 3XF; UNITED KINGDOM		
GIVEN NAME/FAMILY NAME Glen Filippo RUDA	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP IT	
MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; CF10 3XF; UNITED KINGDOM		
GIVEN NAME/FAMILY NAME Alessandro SCHIPANI	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP IT	
MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; CF10 3XF; UNITED KINGDOM		
GIVEN NAME/FAMILY NAME Ganassan KASINATHAN	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP MY	
MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; CF10 3XF; UNITED KINGDOM		
GIVEN NAME/FAMILY NAME Nils-Gunnar JOHANSSON	INVENTOR'S SIGNATURE <i>Nils-Gunnar Johansson</i>	DATE* Sept 18, 2008
Residence (City, State & Country) BAVERSTIGEN 13, 15023 ENHÖRNA, SWEDEN	CITIZENSHIP SE	
MAILING ADDRESS (Complete Street Address including City, State & Country) Medivir AB, Lunnastigen 7; S-141 44; Huddinge; SWEDEN		

*DATE OF SIGNATURE

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Full Name of First
Inventor (Last, First, Middle)
→

Insert Residence
Insert Citizenship
→


Full Name of Second
Inventor (Last, First, Middle)
→

Full Name of Third
Inventor (Last, First, Middle)
→

Full Name of Fourth
Inventor (Last, First, Middle)
→


Full Name of Fifth
Inventor (Last, First, Middle)
→

Full Name of Sixth
Inventor (Last, First, Middle)
→

GIVEN NAME/FAMILY NAME Ian GILBERT	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP UK
MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK		
GIVEN NAME/FAMILY NAME Corinne NGUYEN	INVENTOR'S SIGNATURE 	DATE* 14/08/2006
Residence (City, State & Country) CARDIFF, UK		CITIZENSHIP FR
MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK		
GIVEN NAME/FAMILY NAME Gian Filippo RUDA	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP IT
MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK		
GIVEN NAME/FAMILY NAME Alessandro SCHIFANI	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP IT
MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK		
GIVEN NAME/FAMILY NAME Gannan KASINATHAN	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP MY
MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK		
GIVEN NAME/FAMILY NAME Nils-Gunnar JOHANSSON	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP SE
MAILING ADDRESS (Complete Street Address including City, State & Country) Medivir AB; Lunastigen 7; S-141 44; Huddinge; SWEDEN		

*DATE OF SIGNATURE

Full Name of Seventh
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Dolores Gonzalez PACANOWSKA	INVENTOR'S SIGNATURE 	DATE* SEP 4, 2006
Residence (City, State & Country) Granada, Granada, Spain		CITIZENSHIP ES
MAILING ADDRESS (Complete Street Address including City, State & Country) Instituto de Parasitología y Biomedicina; Consejo Superior de Investigaciones Científicas; Avda. del Conocimiento s/n Parque Tecnológico de Ciencias de la Salud; 18100-Armilla, Granada; SPAIN.		

Full Name of Eighth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Ninth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Tenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Eleventh
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Twelfth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Thirteenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

*DATE OF SIGNATURE